

3/24/10 Final

**EPA REGION 10  
UNDERGROUND STORAGE TANK  
INSPECTION FORM**

Facility# 4190012 Passed? Y N  
 Inspection Date 6/16/10 Time 9:00 to 10:30 GPS Reading N 47° 38' 37.8"  
 Lead Inspector Phil Nerringer Others Terril Rukman - Lead OJT  
 Facility Reps \* Steve Flatt  
\* Holly Lebrecht (\* Credentials Presented)

Visual Documentation of Inspection: ☐ Digital ☐ Other  
 Waste Fluid Questionnaire: ☐ Completed ☐ Not Completed ☐ Not Applicable  
 Enforcement Actions Taken Onsite: FNNC # \_\_\_\_\_ FC # \_\_\_\_\_ For \$ \_\_\_\_\_

Verbal Warning for 40 CFR 280. \_\_\_\_\_ SBA Info Sheet Given? Y N

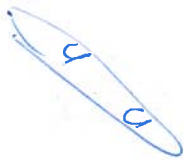
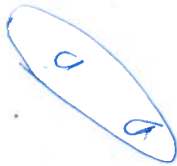
Enforcement Action Delayed for (Reason): \_\_\_\_\_

**Facility Information**

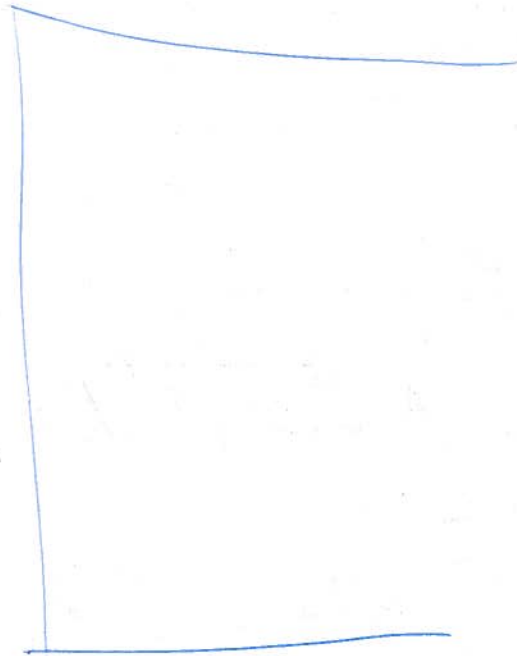
Location Name Spokane Falls - West Plains  
 Owner Spokane Tribe Operator \_\_\_\_\_  
 Address (Loc/Owner/Op) 14212 W. State RT 2  
 City Airway Heights State WA Zip 99001 Phone 509-244-0164  
 Address (Loc/Owner/Op) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Tank #	1	2	3	4	5	6
<b>FINANCIAL RESPONSIBILITY</b>						
<input checked="" type="checkbox"/> Meets FR requirements? <input type="checkbox"/> State Government Entity <input type="checkbox"/> Federal Government Entity						
<input checked="" type="checkbox"/> All tanks covered or (check which tanks are covered)						
Type: <input checked="" type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Stdby Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other _____						
Issuing Entity & No.: <u>179E00989-09-01</u> Dates Coverage: <u>8/2/09-2/2/11</u> In EPA Format? <u>Y</u> <u>N</u> <u>American Safety Indemnity Company</u>						
<b>TANK STATUS</b>						
Manifolded (M) or Compartmented (C) Tank?			<u>C</u>	<u>C</u>		
Status (circle): <u>CIU</u> TOU POU <input checked="" type="checkbox"/> All or						
Date installed: <u>4/2006</u> <input checked="" type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or	<u>25K</u>	<u>10K</u>	<u>15K</u>			
Substance in Tank: <input type="checkbox"/> All or	<u>Gas</u>	<u>Gas</u>	<u>Diesel</u>			
Tank Material: BS CPS COM <u>FRP</u> <u>DW</u> ExL Lin <input checked="" type="checkbox"/> All or						
Verified by: <u>Visual</u> Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Emergency Generator Tank(s)? <u>Y</u> <u>N</u> <input checked="" type="checkbox"/> All or						
Piping Material: GS CPS FRP <u>FlexP</u> <u>DW</u> SecC <input checked="" type="checkbox"/> All or						
Verified by: <u>Visual</u> Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Piping Type: Grav <u>Pres</u> SafeSuc U.S.Suc <input checked="" type="checkbox"/> All or						
Date last used: <u>CIU</u> <input checked="" type="checkbox"/> NA <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <u>NA</u> <input checked="" type="checkbox"/> All or						

SITE SKETCH



Drum only



Tank #

1

2

3

4

5

6

**RELEASE DETECTION (RD) - TANKS**☒ RD method(s) present for ALL tanks & meets specific performance standards as stated in 280.43?☐ NA☐ Manual Tank Gauging (MTG) ☐ All or☐ Tank Tightness Testing (TTT) ☐ All or

Last TTT date? \_\_\_\_\_ Passed? Y N

☐ Inventory Control (IC) ☐ All or☐ Vapor Monitoring (VM) ☐ All orSite Assessment? Y N ☐ All or☐ Ground Water Monitoring (GWM) ☐ All orSite Assessment? (i.e. 3' < gw < 20') Y N ☐ All or☒ Automatic Tank Gauge (ATG) ☒ All or☐ Interstitial Monitoring (IM) ☐ All or☐ SIR ☐ All or☐ Deferred (Emergency Generators ONLY) ☐ All orMultiple RD methods in-place ☒ Y ☒ N ☐ All orMTG TTT IC VM GWM ATG IM SIRIf TOU, does tank comply with RD requirements? Y N NA ☐ All or

Amount of Product in Tank: \_\_\_\_\_ Water: \_\_\_\_\_

Are hazardous substance USTs secondarily contained?

Y N NA ☐ All or**RELEASE DETECTION (RD) - PIPING**☒ RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44?☐ NA☒ ALLD (Pressurized Systems Only) ☐ NA (Grav/Suct) ☒ All orDate of test: 6/3/10☒ ELLD or ☐ MLLDPiping RD Primary Method?: LTT Monthly NA ☐ All or☒ LTT Date of test: 6/3/10 ☐ All or☐ Monthly Monitoring Method: ☐ All orVM GWM IM SIR Sump Sensor Other \_\_\_\_\_ ☐ All or☐ Deferred (Emergency Generators ONLY) ☐ All or**RELEASE DETECTION RECORDS/COMPLIANCE**Release detection records verified? ☒ Y ☐ N NA ☐ All orOf the last 12 months monitoring records, 12 were reviewed:Tanks (months) PASSED: 12 FAILED: \_\_\_\_\_ INVALID: \_\_\_\_\_

Piping (months) PASSED: \_\_\_\_\_ FAILED: \_\_\_\_\_ INVALID: \_\_\_\_\_

All non-passing results resolved? Y N NA ☐ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected NA ☐ All or

If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For? ATG SIR IM Sensors ALLD Other \_\_\_\_\_ In Compliance with Evaluation? Y N

ATG/IM/SIR Equipment Manufacturer/Vendor: Veeva RootModel: 7LS3 ro / CSEN

ALLD Equipment Manufacturer (optional): \_\_\_\_\_

Model: \_\_\_\_\_



TANK #	1	2	3	4	5	6
<b>RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION &amp; TANK LINING</b>						
<b>Tank &amp; Piping Repairs</b>						
Any repairs to the UST system(s) being conducted or completed? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> All or						
If yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.) Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
<b>Tank Lining</b>						
<input type="checkbox"/> Are any tanks internally lined? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
<input type="checkbox"/> Tank lining inspected and in compliance? <input type="checkbox"/> All or						
Date of lining: _____						
Date of PASSING internal inspection: _____ <input type="checkbox"/> All or						
<b>Cathodic Protection (CP)</b>						
<input checked="" type="checkbox"/> CP met on <u>all</u> tank(s) and piping, including metal flex connectors, swing joints, etc.?						
<input type="checkbox"/> CP performing adequately based on testing results? --OR--						
<input type="checkbox"/> If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?						
Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA						
<input type="checkbox"/> CP on <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Tanks & piping <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or						
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60-day) rectifier inspection records? Y N <input type="checkbox"/> All or						
System On? Y N Observed amperage of _____ amps						
<input type="checkbox"/> Are there unprotected, metal components in contact with the ground at the dispensers or in the turbines? Y N NA <input type="checkbox"/> All or						
<input type="checkbox"/> Sacrificial Anode System <input type="checkbox"/> All or						
<b>Testing Frequency</b>						
<input type="checkbox"/> Was a 6-month CP test conducted after <u>installation</u> or <u>repair</u> (if applicable)? Test Date: _____ <input type="checkbox"/> All or						
Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of last CP test: _____ <input type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of previous test: _____ <input type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<b>RELEASE PREVENTION - SPILL PREVENTION &amp; OVERFILL PROTECTION</b>						
<input checked="" type="checkbox"/> Spill prevention devices present and functional? Y N NA <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)						
<input type="checkbox"/> Ball Float Valve - Installed? <input type="checkbox"/> All or						
<input type="checkbox"/> Flow Restrictor (Auto Shutoff) - Installed? <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Automatic Alarm Operational and audible for delivery driver? <input checked="" type="checkbox"/> All or <i>Sounded</i>						
<input type="checkbox"/> Spill / Overfill <u>NOT</u> Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						
Inspector's Signature: <i>[Signature]</i>				Date: <i>6/16/10</i>		

Notes:

Due to volume station is moving to  
IM from ATG  
Explained how to pull Liquid States  
report.

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
2010	1- January	P	P	P			
	2- February	P	P	P			
	3- March	P	P	P			
	4- April	P	P	P			
	5- May	P	P	P			
2010	6- June	P	P	P			
2009	7- July	P	P	P			
	8- August	P	P	P			
	9- September	P	P	P			
	10- October	P	P	P			
	11- November	P	P	P			
2009	12- December	P	P	P			
P = Pass \ F = Fail \ I = Invalid							